

**SIVILICH CONSULTING, LLC***Guiding your company to solutions*3575 SW 51<sup>ST</sup> TERRACE  
OCALA, FL 34474(732) 995-9434  
DSIVILICH@GMAIL.COM

★ OCT 23 2024 ★

BROOKLYN OFFICE

October 16, 2024

United States District Court for the Eastern District of New York  
Clerk of Court  
225 Cadman Plaza  
Brooklyn, New York 11201

*In re Payment Card Interchange Fee and Merchant Discount Antitrust Litigation*  
Case No. 05-MD-01720 (MKB) (JO)

Your honors,

On **October 14, 2024**, I received the attached "Court-Approved Claim Form" from the "Settlement Administrator" stating that I was a Claimant of a Rule 23(b)(3). When I looked up the long notice, it states that requests for exclusion or objections to the action were due no later than **July 23, 2019!!!** I never received a notice prior to the one attached. SO now I cannot request to be excluded or object?? This is a direct violation of my First Amendment Right to file a lawsuit in a court of law!

The plaintiff attorneys use the phrase "Rule 23(b)(3)" 130 times in their long notice! I do not know who they are trying to impress, but apparently they were so busy quoting (b)(3), that they failed to look at Rule 23(c)(2) that states:

*For any class certified under Rule 23(b)(3) - or upon ordering notice under Rule 23(e)(1) to a class proposed to be certified for purposes of settlement under Rule 23(b)(3) - the court must direct to class members the best notice that is practicable under the circumstances, including individual notice to all members who can be identified through reasonable effort. The notice may be by one or more of the following: United States mail, electronic means, or other appropriate means. The notice must clearly and concisely state in plain, easily understood language:*

- (i) the nature of the action;
- (ii) the definition of the class certified;
- (iii) the class claims, issues, or defenses;
- (iv) that a class member may enter an appearance through an attorney if the member so desires;
- (v) that the court will exclude from the class any member who requests exclusion;
- (vi) the time and manner for requesting exclusion; and
- (vii) the binding effect of a class judgment on members under Rule 23(c)(3).

I never received any prior notice of this action thus I am being prevented from exercising subsection (v).

Therefore I am requesting

1. to be excluded from this action
2. that this case be dismissed as not meeting the requirements of Rule 23(c)(2).

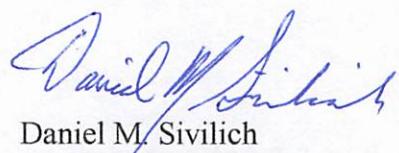
If this is not granted, I may have to consider taking action against the plaintiff's attorneys for violating my First Amendment Right.

My objections only apply to me. They are not part of any other action or subset. I am not represented by council in this objection. I have no plans to attend the hearing, but I ask the court to take my objections into serious consideration when making a decision. I will be sending copies of this letter to both Councils and the Class Administrator.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on October 16, 2024.

Respectfully submitted



Daniel M. Sivilich  
Sivilich Consulting, LLC

cc: Class Administrator  
Alexandra S. Bernay, Robbins Geller Rudman & Dowd LLP  
Matthew A. Eisenstein, Arnold & Porter Kaye Scholer LLP

File your claim now. 



You can scan the QR code or visit [www.PaymentCardSettlement.com](http://www.PaymentCardSettlement.com) and use the secure website credentials provided on the prior page to file your claim.

If you do not want to visit [www.PaymentCardSettlement.com](http://www.PaymentCardSettlement.com) to submit your claim online, you may provide the information requested and mail the completed form using the enclosed envelope postmarked by **February 4, 2025** to Payment Card Interchange Fee Settlement, PO Box 2530, Portland, OR 97208-2530.

By signing below, I attest that I have sufficient authority to submit this Claim Form for Sivilich Consulting LLC and affirm the merchant accepted Visa and/or Mastercard between January 1, 2004, and January 25, 2019.

**Class Period Interchange Fees Paid:**

\$  I do not know.

**Signature:**

**Date (MM/DD/YYYY):**

**Printed Name:**

**Title:**

**Email Address:**

Settlement Payments will be made after all claims are received and processed following the Claims Deadline of **February 4, 2025**. Please be patient.

**Has your mailing address or contact information changed?** Visit [www.PaymentCardSettlement.com](http://www.PaymentCardSettlement.com) and provide your TIN to update your contact information.

**Are you claiming on behalf of someone else?** For claims that are determined eligible to receive a Settlement Payment, the resulting check will be issued payable to Sivilich Consulting LLC. **HOWEVER**, if you want any change to the payee name that would be printed on your check (if your business name has changed, or you believe you have authority for any reason to file on behalf of the named Class Member), you must provide additional information to the Class Administrator and/or submit your claim online. Please go to [www.PaymentCardSettlement.com](http://www.PaymentCardSettlement.com) or call 1-800-625-6440 for assistance.

**Questions?** Assistance with preparing your claim is available at no cost to you from the Class Administrator and Class Counsel. Please email [info@PaymentCardSettlement.com](mailto:info@PaymentCardSettlement.com) or call 1-800-625-6440.



400692460471702119

CLAIMANT ID: 7FC6CF3NKF

To download a version of this Claim Form in Spanish **Español**, Russian **Русский**, Korean **한국어**, Vietnamese **Tiếng Việt**, Japanese **日本語**, Chinese **汉语**, or Thai **ไทย**, please visit [www.PaymentCardSettlement.com](http://www.PaymentCardSettlement.com).

**Questions? Visit [www.PaymentCardSettlement.com](http://www.PaymentCardSettlement.com) or call 1-800-625-6440.**

Claim your share now. ►►

Payment Card Interchange Fee Settlement  
Class Administrator  
PO Box 2530  
Portland, OR 97208-2530

Submission Deadline:  
**February 4, 2025**



400692460471702119

A: P253 T10948  
Sivilich Consulting LLC  
3575 SW 51st Ter  
Ocala FL 34474-9407

Claimant ID: 7FC6CF3NKF

Tax ID: \*\*\*6346



Scan the QR code to file a  
claim online via your phone,  
computer, tablet, or other  
smart device.

• COURT-APPROVED CLAIM FORM •

If your business accepted Visa and/or Mastercard  
between 2004 - 2019, you're now eligible to claim  
your share of a \$5.5 billion Settlement.

Claim your share now. ►►



You are receiving this Claim Form because you are a merchant (business owner) who may have accepted Visa and/or Mastercard at any time from January 1, 2004, to January 25, 2019 ("Class Period"). Visa and Mastercard and their issuing banks ("Defendants") are alleged to have violated the law because they wrongfully inflated Interchange Fees. Defendants say they have done nothing wrong. They claim their business practices are legal. After years of appeals, the Settlement is now final, and it is time to file your claim for a Settlement Payment. If you do not file a claim, you will not receive a Settlement Payment.

Please scan the QR code, or visit [www.PaymentCardSettlement.com](http://www.PaymentCardSettlement.com), for detailed information about the Settlement or to file your claim online. If you want to make a claim by mail, fill in the information on the next page and mail the completed Claim Form using the enclosed envelope to Payment Card Interchange Fee Settlement, PO Box 2530, Portland, OR 97208-2530, postmarked by **February 4, 2025**. If you have questions, contact us at 1-800-625-6440 or [info@PaymentCardSettlement.com](mailto:info@PaymentCardSettlement.com).

How much will you receive?

Visa and/or Mastercard Activity Summary			
TRANSACTIONS	VOLUME	INTERCHANGE FEES	
TOTAL	XXXX	\$XXXX.XX	\$XXXX.XX

CLAIMANT ID: 7FC6CF3NKF  
CONTROL NO.: 228940

This table has no values populated for your Visa and/or Mastercard transactions in the United States during the Class Period because either no eligible data was identified for the Tax ID (TIN) above or the data identified was associated with more than one TIN. Rather than submitting this form, you can go to [www.PaymentCardSettlement.com](http://www.PaymentCardSettlement.com) and provide additional information about your business in order to ask the Class Administrator to re-query the Defendants' databases for qualifying Interchange Fees Paid by your business. You will then be notified of Interchange Fees Paid identified by the Class Administrator.

If you prefer to submit this Claim Form, provide the known or estimated dollar amount of your eligible Visa and/or Mastercard Interchange Fees Paid for the period January 1, 2004, to January 25, 2019 then complete the Claim Form. If the Class Administrator is unable to validate the Interchange Fees Paid you have claimed, you may later be required to submit documents to support your claim. If you do not know your Interchange Fees Paid, check the box "I do not know" and the Class Administrator will contact you about next steps.

As part of the Settlement, your actual recovery will not be the validated Interchange Fees Paid by your business, but rather a percentage of the total based on a variety of factors including the total number of eligible claims submitted.

Daniel M. Sivilich  
3575 SW-51st Terrace  
Ocala, FL 34474

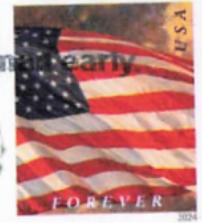
Case 1:05-md-01720-MKB-JAM

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Filed 10/23/24

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As in past elections,  
JACKSONVILLE FL 320  
USPS is ready.



F I L E D  
IN CL.  
U.S. DISTRICT

★ OCT 23 2024

BROOKLYN OFFICE

United States District Court for the Eastern  
District of New York  
Clerk of Court  
225 Cadman Plaza  
Brooklyn, New York 11201



11201-181809

